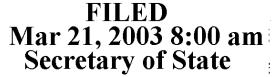
## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) P00000037945 **DOCUMENT #** 1. Entity Name OMEGA CAPITAL CORPORARION



03-21-2003 90120 015 \*\*\*150.00

Principal Place of Business 333 GIVENS STREET SARASOTA FL 34242		Mailing Address 333 GIVENS STREET SARASOTA FL 34242		1 (BB/SEER) 711 FEBTH SENIS EDIS COSTS BOSTS BESSE (1)	IK NOBKA NGINI ANTON DIRI 1801	
2. Principal Place of Business 3.		3. Mailing Address		I (BOIGES! HIL BOIL OF HIL PAIN COME AND AND	11 ( <b>8210</b> (811) 2162) 91/1 (94)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number NOT APPLICABLE	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
			Name	Name		
KIRTLEY, WILLIAM T			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
2940 SO. TAMIAMI TRAIL						
SARASOTA FL 34239					Zip Code	
<b>*</b> .			City	FL		
8. The above the obligions SIGNATURE	ations of registered agent.		registered office or reg	istered agent, or both, in the State of Florida. I am fa	miliar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.		
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PC :	☐ Delete	TITLE		☐ Change ☐ Addition   §	
NAME	ABEL, ROBERT		NAME		3	
STREET ADDRES	1 444 444		STREET ADDRESS		3	
CITY-ST-ZIP	SARASOTA FL 34242	<u>.                                    </u>	CiTY-ST-ZIP	<u> </u>	Change	
TITLE	V	☐ Delete	TITLE		Change	
NAME	ABEL, WILLIAM T		STREET ADDRESS	RIS Floral Acre		
STREET ADDRES	000 0112110 01		CITY-ST-ZIP	3315 Floral Ave Jest Aum Beach, FL 3	3407	
CITY-ST-ZIP	SARASOTA FL 34242			Car Tom Bacar, IC 3	Change Addition	
TITLE	ST TANGOD D	☐ Delete	TITLE NAME			
NAME	ABEL, TAYLOR D	i		5011 Harrison 0.00	1	

STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

**584 MIRAMAR AVE** 

TAMPA FL 33606

☐ Change

Change

☐ Change

Addition

Addition

Addition

584 Harmora ave